

Note: This is a sample template, it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

EAST KENTUCKY NETWORK, LLC

Service Provider Name

APPALACHIAN WIRELESS

Company Address, City, State, Zip

**P.O. BOX 405
PRESTONSBURG, KY 41653**

Service Provider Type ☒ Wireless ☐ Wireline

Name(s) of Wireless License Holder(s)

**EAST KENTUCKY NETWORK, LLC
D/B/A APPALACHIAN WIRELESS**

Contact Name

MICHAEL HUFFMAN

Contact Tel #

(606) 886-6007

Fax #

(606) 791-2225

E-mail Address

mhuffman@ekn.com

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

OWSLEY COUNTY, KENTUCKY

DICKENSON COUTNY, VIRGINIA

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

**OWSLEY COUNTY, KENTUCKY – KENTUCKY STATE POLICE - POST 7
RICHMOND, KY**

**DICKENSON COUNTY, VIRGINIA – DICKENSON COUNTY SHERIFF OFFICE
(TO BE CHANGED TO A PSAP IN NEAR FUTURE)**

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

OWSLEY COUNTY, KENTUCKY – COMPLETED

DICKENSON COUNTY, VIRGINIA - COMPLETED

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of May 31, 2002.

Signature

Printed name of authorized representative
MICHAEL HUFFMAN

Title
ACCOUNTANT

Date
May 31, 2002

This filing is: **X** original filing ☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER
TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**